

ECS Configuration Change Request

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CCR No. 97-0085	Logged Date 1/21/97	Rev. -	Request Type CCR
Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input checked="" type="checkbox"/>	Affected Release A		Change Class I I
Title (description) Update to F-FUI-04070			
Documents Affected		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference NCR ECSed03982	
RTM Change <input checked="" type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem The requirement text of F-FUI-04070 needs correction. The current requirement text is not clear and the requirement has been interpreted differently from its original intention.			
Proposed Solution Change "the current date and time" to "the timeline's date and time" in the requirement text.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/>			
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)			
Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator Carol Chachulski _____ Signature _____ Date _____			
Office FOS _____ Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			